“A Study of Mental Health, Responsibility, Self-Concept and Stress among Interuniversity and Intercollegiate Kabaddi Players”

Chapter - I

Introduction

Mental Health:

Health is generally defined as not only freedom from disease but also that state of the body and mind in which an individual ‘lives most and serves best’. In fact, health has two factors the physical and the mental, though both are inter-related. The physical state of health is one where an individual enjoys freedom from physical disease, has reasonable degree of physical fitness and is capable of normal work without any undue fatigue. Mental aspect of health has deeper connotations and may be expressed in may ways. Generally it is said that a person who is not unnecessarily worried, anxious and tense is mentally healthy. Alongwith this mental health denotes a normal mental activity e.g. intelligence, sanity, adjustment etc. Of course, such an ideal state of mind is impossible to achieve. The pursuit of materialistic phylosophy, several scientific inventions especially destructive in nature, ecological changes have caused mental turbulence in human life to-day. The entire structure of mental life seems to be in doldrums. Life has become extremely fast in all its aspects and man is caught in the vicious circle of mental disorders and disturbances. Physical well-being is ensured by good diet, exercise, rest etc. but mental health is very difficult to achieve in modern times. To-day every individual feels that he is mentally maladjusted in the environment ; his needs are not properly met; means of recreation are denied to him :
he encounters unsympathetic social attitudes. Under these circumstances, the idea of keeping good mental health, remains a distant dream. Man’s nervous functions and thought processes are subjected to severe strain and stress. Challenges which he has to face in his efforts to adjust himself, are the general causes of mental ill-health.

Cults and Moseley define mental health “as the ability to adjust satisfactorily to the various strains we meet in life and mental hygiene as the means we take to assure this adjustment”. Layman favours “emotional health” to be used in place of “mental health”. He gives several reasons for this: “(a) Although emotion does not lend itself to exact and succinct definition, it is possible to describe it in terms of physiological components, states of consciousness, motivational aspects and overt behavioural manifestations; (b) as a component of attitudes, emotion is closely tied in with the negative and interpersonal aspects of personality; (c) studies of psychotic, neurotic and delinquent persons have shown the central importance of emotions in psycho-pathology; (d) ‘emotional’ does not carry the connotation of separation of mind and body which is suggested by adjective ‘mental’, so is more conductive to a holistic view of the organism”. We can, in other words, safely say a “healthy person is one who is able to live at relative peace with himself and with his neighbours; who has the capacity to successfully raise healthy children, and who, when these basic functions are accomplished, still has energy left over to make some further contribution to the society in which he lives”. Just as physical hygiene is concerned with the health of those who are well, as with those who are sick, so mental hygiene also has implications for all persons. In a broader sense, claims Shaffer, “the aim of mental hygiene is to assist every individual in the attainment of a fuller, happier, more harmonious and more effective existence”. The subject matter of physical hygiene is physical health and how it can be maintained. A person interested in his physical
well-being should have knowledge of common diseases, the structure and functions of the body and its various parts, preventive measures, principles of personal cleanliness etc. Mental hygiene, on the other hand, deals with mental health and its maintenance. Since behaviour is primarily a psycho-physical function, it is conditioned by the dependent upon good emotional health. Confused, abnormal and disorderly behaviour implies mental ill-health. Much of the abnormal behaviour is the outcome of mental frustrations and disturbances brought about by emotional imbalance. It is the task of the mental hygiene to help develop wholesome personalities and produce individuals who have good social adjustment and show emotionally matured behaviour. It attempts to discover maladjustment, its causes, its symptoms, its preventive measures and finally puts before us ways and means to curb and get rid of it. In a way, mental hygiene makes use of psychiatry and psycho-therapy including psycho-analysis to bring the mentally disturbed individual back to mental normalcy. To quote Shaffer, “Mental health has implications for all persons”. Several surveys have been conducted to estimate whether people, at large, enjoy sound mental health or not. According to one estimate, there hardly exists any individual who is free from mental distractions. Every one of us is suffering from one mental ailment or the other. Life seems to be a necessary evil because it seems to be totally devoid of mental health. Rosanoff says, “Mental hygiene endeavours to aid people to ward off troubles.” Crow and Crow elaborate : “Mental hygiene is a science which deals with the problems of adjustment to environment”. Carrol, while defining the aim of mental hygiene comments, “Mental hygiene has three aims : (a) Check, (b) Curing, (c) Preservation. It is applicable is case of every child”. Whether at home or at school, or at club or at business, every one confronts situations which make us eventually upset and so maladjusted. The state of maladjustment, If continued for a long time, gives rise to certain psycho-somatic
diseases. Those who are conversant with the principles and practices of mental hygiene are blessed ones. Mental hygiene helps to cure some of the mental ailments and disorders without directing men to a psychiatrist; it tells how to take preventive measures when there is apprehension of mental afflictions. In the context of the present day world, mental maladjustment is on the increase resulting in universal illness of the mind. Until and unless urgent and immediate measures are taken to cope with the increasing pressures of socio-economic problems, there is apprehension that this malady will soon get out of control. There are a number of widely-known reasons for the increase of mental disorders amongst people all over the world. One of the reasons is that the struggle for existence is becoming harder day by day due to rapid and enormous rise in the world population. The world resources of energy and food are dwindling fast. It has now become extremely difficult to live in a world threatened with extinction any moment: we are sitting on a heap of explosives. Economic stringencies have added to human troubles the most.

Mental hygiene is concerned not only with the detection, diagnosis and treatment of mental and emotional problems but also with the preservation of good mental health and prevention of further deterioration of mental health. ‘Prevention is better than cure’ or ‘a stitch in time saves nine’ are oft-quoted phrases which carry vital advice to all human beings alike. Ways and means have to be found to prevent the occurrence of tensions, frustrations, emotional stresses and strains. If to-day, the clouds of the Third World War loom large on the humanity, it is because mental peace has shunned all of us.
General Causes of Mental Health

Life is full of purpose. The purpose of animal life may be simply biological but human life exists for causes which are extra-biological. Human needs are greater and more purposeful than those of the animals. Animals do also strive to satisfy their needs of hunger, thirst, copulation, security etc. Human beings have other needs which are psychological in nature i.e. need for achievement, recognition, affection, independence, dominance etc. Social interaction between one individual and the individual is as important as his struggle for existence. Biological needs, common as they are both to man and animals, are inborn and innate. The struggle for existence is basically the struggle for fulfillment of these needs. When hungry, we need food, and strive to get it: when thirsty, we go in search for water. Such needs that are the result of biological drives and physiological impulsions, require immediate satisfaction and neither man nor animal can afford to live without paying immediate attention to situation which cause them.

Social and psychological needs may crave immediate action or a sustained effort. Man becomes conscious of his social needs much later than he becomes conscious of his biological needs. Social and self-conscious individual-the child of course is not so-knows what his social needs are: these needs very from person to person and from time to time. As compared to biological needs, sociological needs can be modified and even substituted: one can afford to wait for the suitable opportunity for the fulfillment of these needs. For example, social recognition is not obtained within a day or two nor does it immediately affect the physical or mental behaviour of the individual. The fulfillment of biological needs is irresistible. Needs, they are endless. As the child grows, needs go on multiplying. One need is satisfied, the other crops up. The whole life is a conglomeration of needs and throughout one’s
life, one goes on running for the fulfilment of his needs in whatever form and shape they are. In the hope of fulfilling his needs every human being struggles and makes necessary adjustments. But life has become so intricate that complete satisfaction of needs impossible. Catching quick-silver may be easier than living in peace with the needs and desires of the present day life.

If children are worried about play-things, academic achievement etc., elders and adults are anxious about their home, social status, marriages, jobs, appointments so forth and so on. Right from the cradle to the grave, every individual has to face incalculable needs, wants and problems associated with one aspect of life or the other. Socio-cultural evolution is the main cause behind the multiplication of wants and needs. Parents and teachers make efforts that children’s needs be attended to first because children cannot wait, whereas the adults have learned to be patient. Till children develop social consciousness and crave for the fulfilment of their social needs, they are satisfied because the satisfaction of their needs (biological mostly) is the headache of the parents. Conflicts in the family, insecurity, unsympathetic attitude of the teacher, hostile classmates, failure in examination, lacking in skill etc. are some of the factors which create numerous needs that are intangible and involve ‘psyche’ more than it does ‘soma’.

Physical weaknesses, mental inadequacies, emotional disturbances, blockade of instinctual energy etc. are the real causes of mental ill-health. Principles of mental hygiene which enable an individual to keep himself mentally healthy, must be known to every one right from the very beginning of one’s career. In fact, mental health is a matter of healthy attitude towards life, work, people and ideas. Those who have developed pessimistic attitude towards life, may not be capable of enjoying good
mental health. Mental ill-health affects physical health and vice versa. To-day more and more people are falling victim to mental ill-health than to physical disabilities. Hence it is necessary that adequate measures be taken to minimize the effects of those factors which are solely responsible for mental ill-health. People, especially children and sportmen have to be educated to follow principles of mental hygiene in letter and spirit.

Principles of Mental Hygiene

1. Self-realization and self-respect. Every individual, every sportsman and every player must be made to realize what his potentialities, capacities, capabilities, weaknesses, inadequacies—both mental and physical—are. This will help the individual to keep his level of aspiration within his reach. We generally wish to acquire and achieve things which are beyond our reach and vainly aspire for what is nought. When accomplishment is low and the aspirations high, we feel lost in the haze of frustrations. Sportsman must know clearly, through introspection and teacher’s feedback, as to what he can achieve and what his level of aspiration should be: this certainly needs some sort of education which would not come to the individual through books but through good inter-personal relationship.

Secondly, every sportsman must be made to feel satisfied with what he presently is. He should not feel inferior mentally, physically and socially nor should he be allowed to become over-ambitious and self-complacent. No one can command respect and enjoy mental satisfaction without respecting himself and feeling self-important. Condemning oneself and negative one’s achievement—though not mean in any way—is a sigh of bad health. Every sportsman should train himself to respect himself and others but too much supplicating attitude is as bad as being over-ambitious.
2. Training one’s emotions. Emotions are born of instinctive energy. Under the sway of emotions, unpredicted and unexpected behaviour is bound to result. Who does not become angry! but wise persons have trained themselves in such a way that their instinctual energy is not drained out into inwanted emotional outbursts and tantrums but utilised in ingenious ways. Every sportsman must know how to train his emotions: emotions can be trained when one develops in himself respect for others and their ideas, ideals, customs and traditions, and also to keep the level of aspiration under one’s control. One may have good ideas himself but respecting the ideas of others and points of view is equally important for social adjustment. When too much importance to one’s own ideals and ideas or things is attacked and others’ ideas and ideals are considered trivial, inferior and worthless—though they may not be so—conflict is bound to develop. Such situations often affect the emotional and mental health of every individual especially the sportsman. Harbouring hatred towards others, rearing up fears of others etc. are signs of emotional imbalance. Hostile feelings and unbecoming behaviour on the part of one sportsman are liable to beget hostile feelings from the opponent. Over-hopeful, over ambitious and over-motivated sportsmen should be trained to control their hostile feelings against officials and opponents when defeat stares them in their faces.

3. Keeping oneself occupied with worthwhile activities One of the most important causes of mental ill health is that the people have no idea of occupying themselves with activities which are worthwhile in nature. ‘Idle man’s brain is a devil’s workshop’. An unoccupied person is like a devil who can work havoc with anything and everything in the world. Often people ask what they should do when they are free and have nothing to do. There are hundreds and thousands of activities—mental and physical—in which one can keep oneself busy. Reading good literature, playing non-
competitive and recreative games, having walks, witnessing dramatic performances, swimming, spending some time in parks, pursuing hobbies of various kinds are good pastimes. Not only those activities enables one to “kill” time but also develop some such qualities that can serve as the basis for good citizenship. An unoccupied person develops aversion toward himself and toward life itself. Such an individual is unnecessarily troubled with things and ideas which do not concern him. A purposeless life is worth nothing. Everyone, especially sportsmen, should learn to create some purpose in life and then go on struggling for the achievement of that purpose.

4. Good Physical Health improves Mental Health. Body-mind relationship is an established fact. Those who enjoy good physical health are most likely to have good mental health which includes mental poise and balance, emotional control etc. When we say ‘sound mind in a sound body’, we accept that adequate supply of oxygen – which is done only through vigorous exercise – to nerves, smooth muscles and the brain contributes to the maintenance of good mental health. We do not think with brain alone, even the amount of haemoglobin present in our blood affects our thinking. Besides this, balanced diet and good physical exercise are the main factors of helping us maintain good mental health too. Participation in games and sports presents opportunities for promoting emotional health and preventing delinquency. Studies by Hardman and Kane have confirmed that athletes with higher performance are more emotionally sound and less anxious while studies by Sperling, Ruffer, Tillman, Whiting and Stembridge, Brunner etc. reveal that extroversion is more prominent in athletes than in non-athletes. Those who play games vigorously, are less liable to fall prey to neuroticism and psychotic tendencies. This proves that sportsmen do not keep their feelings pent-up; they blurt out irritating feelings and that is why
they are able to keep mental poise and emotional balance. Obviously, sportmen enjoy better physical health which ultimately leads to sound mental health. A physically unhealthy individual is always worried about himself and worry is a sign of bad mental health.

5. Prevention is Better than cure. One who know and follows principles of health-both mental and physical-is capable of preventing disease in advance. How painful it is for an individual to go to the doctor but how easy it is to be careful in the beginning and prevent ailments. Forewarned is to be fore-armed. Most people fall into the ditch of psycho-somatic diseases and emotional disorders because they have not been able to train themselves in health practices. The effort should be made by every individual to remove the causes of worry, anxiety and tensions by following good defence mechanisms. Play and sports help people the most in maintaining good mental health. There is catharsis of emotions during physical exercise. Moreover, recreative games take away people to their dream lands where they forget the worries of the world. Satisfaction of needs, if pursued adeptly, will always be helpful in the maintenance of mental health. Besides, every man must make efforts to stop or at least minimize “hurrying and worrying”. One should learn to live at ease with oneself, and with others. Prevention of diseases cannot be possible without the acquisition of proper knowledge regarding health. Habits of keeping clean should be formed right in the beginning. Social customs, traditions and taboos should not be allowed to play with one’s efforts to live mentally-and-physically healthy.

6. Mental Health is a universal Need. In the present day world, mental health has gained a universal importance simply because all individuals irrespective of their age, experience, profession, social and economic status are going through unabated mental agonies in one form or the other. Children at school have to bear the brunt of school
stresses and strains, elders are kept on tenter-hooks by economic factors, social idiosyncrasies, professional jealousies so forth and so on. Industrial workers have their own worries and anxieties. Businessmen are suffering on account of their own follies. There is, then, need to impact knowledge of the principles of mental health and mental hygiene to everyone. The parents and teacher and coaches must shoulder responsibility of educating people especially the younger ones, on such matters as to how to keep mental peace, how to stop worrying, how to sublimate and channelize emotions, how to prevent situations likely to cause fear or anger, how to be patient with the odd circumstances etc., etc.

**Personality**

Sports psychology, the youngest of the sport science, is concerned with the psychological effect derived from participation. In this modern era of competition the psychological preparation of team is as much important as teaching the different skills of a game on the scientific lines. The team is prepared not any to play the games also to win the games it is not the proficiency in the skills which gives victory but more important is the spirit of the players, with which they play and perform their best in the competition.

**Role of Personality in Sports:**

In recent years a great deal of attention has been paid to the relationship of psychological factors especially personality variables with sports performance. Most of these work has been concerned with delineating personality traits of athletes differentiating among individual by sports, level of successes etc. in fact a major dimension of the study of psychological aspect of sports is concerned with inquiries into the aggression, personality characteristics locus of control among junior combat sports persons and senior combat sports persons. There are numerous theories about
the personality of athletics. But only limited amount of research has been undertaken to support these theories. Here those studies will be presented which are related with the (i) combat sports person’s differences in aggression, personality characteristics, locus of control of sportsmen. (ii) area of residence differences in aggression, personality characteristics, locus of control of sportsmen.

**Personality and sports Performance**

Many Investigators have directed their attention towards an understanding of the relationship between personality and level of performance e. g. Johnson, Hutton and Johnson (1994) found that the outstanding athletes were found to possess several distinguishing characteristics liked extreme aggressiveness a freedom from great emotional inhabitation, high and generalized and anxiety, high level of intellectual aspiration and feelings of exceptional self assurance laplace (1954) also investigated that the outstanding athletes were better adjusted than the unsuccessful group. Singer (1969) compared the basketball players and tennis players on EPPS norms and also the highest and lowest ranked athletes in both sports. The baseball team’s sports significantly higher than the other two groups on the abasement factor, significantly lower than the other two groups, on the interception variable, lower than the tennis group on the achievement variable, lower than the norm group on autonomy and lower than the tennis group on dominance. Both the baseball and tennis groups scored significantly higher than the norm groups on the aggression factor. No differences were noted between high and low rated baseball players.

Parsons (1964) administered the 16 PF to champion swimmers and found that they differed from the population on 15 of the 16 factors. However, those swimmers in the champion group who were selected to participate on 1962 Canadian team did not differ from those swimmers who were not selected.
Kane (1964) who reviewed the literature pertaining to personality and physical ability came to the conclusion that a positive relationship exist between athletic ability and stability as opposed to anxiety, athletic ability and extroversion as opposed to introversion. The result of the investigation conducted since Kane’s (1964) reviewed have been equivocal as provided by considerable evidence showing that success in sports is dependent upon certain physical capacities. Kane (1964) also examined the relationships between various physical abilities, personality factors, physique, and sociometric status he found, (i) that a high level of physical ability favors extravert development, (ii) that among those of high physical ability, only those achieve high standards in competitive conditions who rate highly in extravert, and (iii) that size supports stability.

In a study conducted by Acampora (1971), on women field hockey players at the high school, college and club level. It was found that the higher the level of completion. The more favourable the score on traits such as self-confidence, determination, emotional control, conscientiousness, trust and leadership. The findings of Singh (1979) supported that high skilled players, irrespective of the game they played were more extrovert and less neurotic than the low skilled players. His results further confirmed the findings of some previous investigations conducted by Sperling (1942), Johnson, Hutton and Johnson (1954), Yanada and Hirata (1970), Foster (1972), Sandhu (1976), Shokeen (1977), Gruber and parkins (1978). Recently, interest in the relationship between “sports and personality” has once more received a boost (Kirkcalby et al. 1983; Bachleitner, 1984) while there are some researchers who have established an obvious relationship between athletic performance and personality traits (Eysenck, 1982; Kirkcaldy, 1982), there are others
who deny such a correlation mainly because the results provide contradictory findings (Sack, 1982; Mummendry, 1983)

**Role of Competitive Anxiety in Sports**

A considerable amount of research has been done to ascertain the effect of anxiety and psychological stress on the learning and performance of motor skills. Most of the researches pertaining to relationship between anxiety sports is concerned with the questions as to how A-trait and A-State. Affect sports performance and how sports affects A-trait and A-state. There are a very few studies that have compared various groups of sports participants to determine the differences in general A-trait. If we assume that sports participants are higher in A-trait than non-participants, or participants in one

The investigator (1986) found that the players of individual events and team games differed significantly on the extraversion and neuroticism traits of personality. In the case of both males and females, the athletic group was more extrovert and more neurotic than the hockey group. Sandhu, Mann and Brar (1987) found that the team players and wrestlers were equally extraverted.

**Personality Traits of Sportsmen of Various Games**

The area of personality and athletic has resulted in a great deal of contradictory claims as to whether or not athletes exhibit a characteristics personality profile (Lakie, 1962; Schenbel, 1965; Werner and Gottheil, 1966; Kroll and Carlson, 1967; Singer, 1968; Rushall, 1968; Newmann, 1968; Berger and Litterfield, 1969; Hammer, 1969; Neele, Sanstroem and Metz, 1969). Researchers in sport psychology are trying to identify the hidden factors behind success in a particular sport. Several researchers are studying
the relationship of extraversion, neuroticism and other personality traits with specific sports events.

Henry (1941) found that track athletes and pilots to be quite similar and they were significantly less hypochondriac and introverted than weightlifters and more neurasthenic than the physical education majors. Booth (1958), Slusher (1964) have reported certain personality traits as distinguishing athletes of one kind from those of other kinds. Harlow (1951) has drawn attention to the relationship between masculine inadequacy and compensatory development of physique. Johnson, Hutton and Johnson (1954) in their study concluded that national champions were aggressive, highly anxious, possessed high level intellectual aspiration and exceptional feeling of self-assurance. Husman (1955) showed in his study on boxers, wrestlers and cross-country distinguishing characteristics as far as aggressive tendencies are concerned. His findings were that the cross-country runners tended to be more extra punitive that the boxer and boxers possessed less overall intensity of aggression and had more super ego. Lakie (1962) has investigated the personality characteristics of certain groups of inter-collegiate athletes, singer (1967) enquired into the personality differences between and within basketball and tennis players. Thune (1959) studied the personality of weightlifters. Booth (1958) and Cattell (1960) have indicated that certain traits distinguish athletes from other groups. Slusher (1964) using MMPI found that personality differences existed even among athletes who participated in different sports.

While some studies have looked specifically at football teams (Rushall, 1970; Straub and Davis, 1971; Mandel, 1974), others have conducted studies on other sportsmen. In general, successful football players have been described as being aggressive, ambitious, dominant etc. (Ogilvie and Tutko, 1966, 1971; Ogilive, 1968).
Kroll and Peterson (1965) using 16 PF on football players reported that the winning team had significantly superior score on B+, H-, O- and Q3 + than the losing football team.

Powerful events have a way of bringing out similar reactions in people. Someone might point to this tragedy to illustrate how much alike each of us really is, how all people are basically the same. Yet if we look a little more closely, even in this situation we can see that not everyone reacted in the same way. In the days following the attack, many Americans were glued to their television sets, eagerly following each new development. Others turned their sets off, unable to watch the unsettling images any longer. Some citizens were overcome with anger and vowed revenge. Others focused on the victims and asked how they could help. Some people gathered at public events where they shared feelings and consoled their neighbors. Others sought solitude and quiet reflection. Many people turned to religion to find meaning and comfort, but some struggled to find the hand of God in so much suffering. Eight years later, some people talked about how much had changed. Others marveled at the nation’s ability to return to normalcy. Some people found comfort in the sense of community. For others, the day triggered painful memories and renewed fears.

Self concept is very important dimension to sports performance. Self-concept can also be considered as our effort to explain ourselves to ourselves, to build a scheme that organizes our notions, sentiments and approach about ourselves. But this scheme is not enduring, incorporated or static. One-dimensional construct of self-concept is strictly rejected by most of the researchers due to its inadequate explanation of behavior in a wide range of settings. Schierer & Kraut (1999) suggested that self-concept is a multi-dimensional construct and they warned against generalizing the term. Self-concept has at least three sub components; academic, social and physical.
Students are usually aware that they have both strengths and weaknesses, that they do some things well and other things poorly. Students may have somewhat different views about themselves in these three areas. Firstly, they have universal beliefs regarding their academic capability and performance. Secondly, they have general thoughts about their potential to narrate with other people, especially with their peers. Thirdly, they have universal beliefs about their ability to connect in corporeal activities such as sports and outdoor games (Ormrod, 2000).

Self-concept, like all other cognitive concepts, develops and refines with growing age and increasing experience, According to Harter (1985) self-concept develops in stages. Infants develop a sense of self in the second year of life. Children begin to develop a sense of self by learning to distinguish themselves from others. The first step in the development of self-concept is self-recognition, which is evidenced by young children fascination with looking at themselves in the mirror “Hey, I recognize you; you’re me!” (Eggen and Kauchak, 1997). Some important developments in self take place during childhood and adolescence. Among these developments are facing the emotions of shame, guilt and empathy (Santrock, 1997). Self-understanding gradually shifts from defining oneself through external characteristic to defining oneself through internal characteristics in middle and late childhood. Elementary school children also define themselves in terms of social characteristics and social comparisons (Santrock, 1997).

Structure of the self concept
According to Vispoel as cited by Woolfolk (1998), students have many separate but related concepts about themselves. Further to the review of self-concept literature 1976, Shavelson, Hubner and Stanton proposed multifaceted and hierarchical model of self-concept. It was recommended that the general self-concept is composed of four
self-concept domains: the academic self-concept, social self-concept, emotional self-concept and physical self-concept. The academic self-concept can be divided further into second order specific subject self-concepts like English, History, Mathematics, and Science etc. which can explain learner achievement in each subject. Social self-concept can be divided into peer self-concept and significant others self-concept. Emotional self-concept will refer to specific emotional states such as anxiety, love, happiness, depression, and anger. Finally, the physical self-concept consist of physical ability and physical appearance self-concepts. The overall concept of self appears to be divided into at least three segregated but partially related self-concepts i.e. academics, emotional, and nonacademic. Recent research has recognized artistic ability as a separate entity of self-concept.

These self-concepts are themselves made up of more specific, separate conceptions of the self, such as of physical ability, appearance, relations with peers, and relations with parents. These conceptions are based on many experiences and measures such as: sports performance; assessment of body, skin, or hair; friendships; artistic abilities; contributions to community groups etc. (Myburgh et al., 1999).

**Dimension of self concept**

Self-concept includes a range of areas or facets, some of which are part of certain personality aspects (physical, social, emotional) while others are linked to academic achievement (in different areas and subjects) (Sanchez and Roda, 2007).

**Academic Self-Concept**

According to Ahmad (1986), “It is the student’s attitude and feelings with regards to their abilities and academic potential.” The most important component of general self-concept for a teacher is academic self-concept, the part that deals with people’s beliefs of their ability as students. Academic self-concept refers to how well we perform in
school or how well we learn. Self-concept and school performance strongly interact. Children enter expecting to learn and do well, but as they progress, their activities and achievements change this anticipation. There are two levels: a general academic self-concept of how good we are overall and a set of particular content-related self-concepts that describe how good we are in specific subject. Self-concept enhances when learning experiences are positive, but it suffers when they are negative (Eggen and Kauchak, 1997). Academic self-concept is one of the facets of general self-concept.

Students develop academic self-concept as they form self perceptions of their academic efficacy through experiencing the classroom environment and through evaluations by significant others. Academic self-concept predicts the extent of diligent and persevering effort that students will devote toward their academic work. Academic self-concept is an effective variable for predicting students' learning behaviors. According to Dambudzo (2005), the academic self-concept deals with perceptions of causes of academic performance which figure prominently in theories of achievement motivation and have important implications for the behaviour of individuals in academic situation. In other words, academic self-concept has to do with beliefs about one’s ability, effort, performance, intelligence and behaviour in general and in specific situations such as subject areas or specific tasks. Craven et al. (2000), emphasize the point that a positive academic self-concept is linked to academic effort and consistency, coursework selection, educational ambition, completion of high school and following university attendance. The way learners feel about their abilities may impact their academic performance. Consequently, academic achievement may not marily be an expression of the learners’ abilities but also of their
self-concept of ability which, when positive, helps them feel confident and able but, when negative, cause them to feel hesitant and uncertain (Hamachek, 1995).

Physical Self-Concept

The physical aspect of self-concept relates to concrete physical features: what we look like, our gender, height, weight, etc.; what kind of clothes we wear; what kind of car we drive; what kind of home we live in; and so forth (Huit, 2004). “Physical self-concept (PSC) is a person’s perceptions of himself/herself formed through experience with and interpretations of him/her environment related to her physical domain” (Shavelson et al., 1976).

Psychologists are more interested in the psychological effects, perceptions and implications of the physical self-concept and subsequent behaviour. For example, if the attitude towards one’s body is positive, a positive self-concept will develop, and if negative, a negative self-concept will develop. In other words, the reactions to our physical attributes such as appearance, body size, maturity and activities dependent on physical skills will influence the self-concept (Mwamwenda, 1995). According to Harter (1999), physical self-concept is part of general self-concept. Three domains (physical appearance, peer popularity and athletic competence) are linked to peer-approval; and two domains (scholastic competence and behavioral conduct) to parental-approval. Only two domains of physical self-concept i.e. Physical Appearance and athletic competence will be discussed in present study.

Physical appearance

According to Alahuhta as cited by Kjaldman (2006), one of the many elements in self-schemas is body images, cognitive maps of the physical self. The forming of body image is a basis for self-concept development. The imagined self and the actual somatic styles of an individual are influenced by those body images. Declarative
statements like “I am too fat” are influenced by their symbolic representations and also by ideal body images. Thus, the person may exhibit to others a systematic variance in how he or she walks, gestures, or expresses the self through voice or facial expressions, in different states of mind. When ideal body images are active, the movements and sensations may be flowing and graceful; when dreaded body images are active, they may be awkward and constricted. Observers can infer another person’s self-concepts by listening to his or her narratives and watching how he or she uses the body. Observers can then form inferences about what the other person’s body images and self-schemas might be. The observer’s reports might not be the same as the self-reports of conscious representations by the subject person. Especially difficult for observers to infer are the intentions of self that may go with certain self-schema. These are usually a private area of knowledge, and these of frank expression is necessary in psychotherapy in order to get at such material. Self-concepts are often reflected in how the person describes others. That is, the person may have a self-concept or a self-schema that is part of an associational matrix that can be called a role relationship model (Kazdin, 2000). Physical characteristics and physical achievements are especially connected to self-concept among children at school age (Cratty, 1967). The adolescent’s physical self-image is based to a large extent on cultural norms, and particularly on the interpretation of these norms that is accepted as the standard by the peer group. Thus, girls often have a culturally accepted image of femininity represented by some glamorous or television star, and boys often select an athlete as the ideal masculine image, although they too are often influenced by actors who are considered “masculine” men. These images are rather generally perceived as ultimate goals that may be reached in adulthood, and the more immediate ideal physical image is likely to be based on the physique of another adolescent. A well-
developed, well-groomed adolescent girl is often the ideal physical image for another adolescent girl of the same age and may be even more of an ideal to younger girls. A well-built, athletic, handsome male adolescent serves as the physical self-image for his peer group and for younger males. Not only are the physiological aspects of the ideals’ development important, but their way of dress and caring for their hair and the kind of physical activities in which they engage are all imitated by those who seek to be like them (Powell, 1963).

**Athletic competence or physical abilities**

Athletic competence is another domain of physical self-concept that is discussed in the present research. Researcher consistently highlighted the benefits of physical activities to the health of young people. Physical activity has been shown to aid in children's psychological well-being and may assist in their devotion to regular physical fitness, where there may be further benefits such as reduced risk of hypokinetic diseases (Hagger et al. 1998). Thus, physical activity impacts the overall functioning of an individual (Scherman, 1989). The value of sports and exercise can be enhanced through establishing a connection between physical activity and the development of self-concept (Ebbeck and Weiss, 1998). Many studies have showed positive relationship between participation in physical activities and sports and the development of self-concept (Sherrill and Alguin, 1989; Olu, 1990; Sunstroke, 1984; Joesting, 1981). Individuals can experience feelings of personal competence and to gain a sense of achievement, as well as to develop self-concept with the variety of situations provided by physical education and sport programs Pangrazi (1982). Harter’s model (1978) holds that the elements of capability are integrally related to the development of self-esteem and provide an appealing structure from which to study patterns of self-esteem and achievement behavior in sport and physical activity.
(Weiss, 1987). Theory and research support the idea that a child's physical self-esteem, or self-perception of physical capabilities, is a major determinant of future sport-related behavior (Duda, 1987 and Weiss, 1987).

Self-concept (also called self-construction, self-identity or self-perspective) is a multi-dimensional construct that refers to an individual's perception of "self" in relation to any number of characteristics, such as academics (and nonacademic’s), gender roles and sexuality, racial identity, and many others. Each of these characteristics is a research domain (i.e. Academic Self-Concept) within the larger spectrum of self-concept although no characteristics exist in isolation as one’s self-concept is a collection of beliefs about oneself. While closely related with self-concept clarity (which "refers to the extent to which self-knowledge is clearly and confidently defined, internally consistent, and temporally stable"), it presupposes but is distinguishable from self-awareness, which is simply an individual's awareness of their self. It is also more general than self-esteem, which is a function of the purely evaluative element of the self-concept. The self-concept is an internal model which comprises self-assessments. Features assessed include but are not limited to: personality, skills and abilities, occupation(s) and hobbies, physical characteristics, etc. For example, the statement "I am lazy" is a self-assessment that contributes to the self-concept. However, the statement "I am tired" would not be part of someone's self-concept, since being tired is a temporary state and a more objective judgment. A person's self-concept may change with time as reassessment occurs, which in extreme cases can lead to identity crises.

Another model of self-concept contains three parts: self-esteem, stability, and self-efficacy. Self-esteem is the "evaluative" component—it is where one makes judgments about his or her self-worth. Stability refers to the organization and
continuity of one's self-concept. Is it constantly in flux? Can singular, relatively trivial events drastically affect your self-esteem? The third element, self-efficacy, is best explained as self-confidence. It is specifically connected with one's abilities, unlike self-esteem. Researchers debate when self-concept development begins but agree on the importance of person’s life. Tiedemann (2000) indicates that parents’ gender stereotypes and expectations for their children impact children’s understandings of themselves by approximately age 3. Others suggest that self-concept develops later, around age 7 or 8, as children are developmentally prepared to begin interpreting their own feelings, abilities and interpretations of feedback they receive from parents, teachers and peers about themselves. Despite differing opinions about the onset of self-concept development, researchers agree on the importance of one’s self-concept, influencing people’s behaviors and cognitive and emotional outcomes including (but not limited to) academic achievement, levels of happiness, anxiety, social integration, self-esteem, and life-satisfaction. Furthermore, the self-concept is not restricted to the present. It includes past selves and future selves. Future or possible selves represent individuals' ideas of what they might become, what they would like to become, or what they are afraid of becoming. They correspond to hopes, fears, standards, goals, and threats. Possible selves may function as incentives for future behavior and they also provide an evaluative and interpretive context for the current view of self.

The perception that people have about their past or future selves is related to the perception of their current self. Temporal self-appraisal theory argues that people have a tendency to maintain a positive evaluation of the current self by distancing negative selves and bringing close positive selves. In addition, people have a tendency to perceive the past self less favorably (e.g., I'm better than I used to be) and the future self more positively (e.g., I will be better than I am now).
Gender differences

Early research inspired by the differences in self-concept across culture suggested that men tend to be more independent while women tend to be more interdependent. However, more recent research has shown that, while men and women do not differ between independence and interdependence generally, they do differ in the distinction between relational and collective interdependence. Men tend to conceive of themselves in terms of collective interdependence while women conceive of themselves in terms of relational interdependence. In other words, women identify more with dyadic (one-on-one) relationships or small cliques whereas men define themselves more often within the context of larger groups.

Jung self

In Jungian theory, the Self is one of the archetypes. It signifies the coherent whole, unified consciousness and unconscious of a person. The Self, according to Jung, is realized as the product of individuation, which in Jungian view is the process of integrating one's personality. For Jung, the self is symbolized by the circle (especially when divided in four quadrants), the square, or the mandala. What distinguishes Jungian psychology is the idea that there are two centers of the personality. The ego is the center of consciousness, whereas the Self is the center of the total personality, which includes consciousness, the unconscious, and the ego. The Self is both the whole and the center. While the ego is a self-contained little circle off the center contained within the whole, the Self can be understood as the greater circle.

Critiques of the concept of selfhood

Edward E. Sampson (1989) argues that the preoccupation with independence is harmful in that it creates racial, sexual and national divides and does not allow for observation of the self-in-other and other-in-self. The very notion of selfhood is an
attacked idea because it is seen as necessary for the mechanisms of advanced capitalism to function. In inventing our selves: Psychology, power, and personhood, Nikolas Rose (1998) proposes that psychology is now employed as a technology that allows humans to buy into an invented and arguably false sense of self. Rose believes that freedom assists governments and exploitation. It is said by some that for an individual to talk about, explain, understand or judge oneself is linguistically impossible, since it requires the self to understand its self. This is seen as philosophically invalid, being self-referential, or reification, also known as a circular argument. Thus, if actions arise so that the self attempts self-explanation, confusion may well occur within linguistic mental pathways and processes.

Self-efficacy

Self-efficacy is the belief that one is capable of performing in a certain manner to attain certain goals. It is a belief that one has the capabilities to execute the courses of actions required to manage prospective situations. Unlike efficacy, which is the power to produce an effect (in essence, competence), self-efficacy is the belief (whether or not accurate) that one has the power to produce that effect. For example, a person with high self efficacy may engage in a more health related activity when an illness occurs, whereas a person with low self efficacy would harbor feelings of hopelessness. It is important here to understand the distinction between self-esteem and self-efficacy. Self-esteem relates to a person’s sense of self-worth, whereas self-efficacy relates to a person’s perception of their ability to reach a goal. For example, say a person is a terrible rock climber, they would probably have poor self-efficacy with regard to rock climbing, but this need not affect their self-esteem since most people don’t invest much of their self-esteem in this activity. Conversely, one might have enormous skill at rock climbing, yet set such a high standard for oneself that
self-esteem is low. At the same time, someone who has high self-efficacy in general might think that they are good at rock climbing even when they are not, or, knowing they are not, still believe that they could do it, and could quickly learn.

**Social cognitive theory**

Albert Bandura has defined self-efficacy as our belief in our ability to succeed in specific situations. Your sense of self-efficacy can play a major role in how you approach goals, tasks, and challenges. The concept of self-efficacy lies at the centre of Bandura’s social cognitive theory, which emphasizes the role of observational learning and social experience in the development of personality. According to Bandura's theory, people with high self-efficacy - that is, those who believe they can perform well - are more likely to view difficult tasks as something to be mastered rather than something to be avoided.

**How self-efficacy affects human function**

People will be more inclined to take on a task if they believe they can succeed. People generally avoid tasks where their self-efficacy is low, but will engage in tasks where their self-efficacy is high. People with a self-efficacy significantly beyond their actual ability often overestimate their ability to complete tasks, which can lead to difficulties. On the other hand, people with a self-efficacy significantly lower than their ability are unlikely to grow and expand their skills. Research shows that the ‘optimum’ level of self-efficacy is a little above ability, which encourages people to tackle challenging tasks and gain valuable experience.

**Motivation**

People with high self-efficacy in a task are more likely to make more of an effort, and persist longer, than those with low efficacy. On the other hand, low self-efficacy
provides an incentive to learn more about the subject. As a result, someone with a high efficacy may not prepare sufficiently for a task.

**Thought patterns & responses**

Low self-efficacy can lead people to believe tasks are harder than they actually are. This often results in poor task planning, as well as increased stress. Observational evidence shows that people become erratic and unpredictable when engaging in a task in which they have low efficacy. On the other hand, people with high self-efficacy often take a wider overview of a task in order to take the best route of action. People with high self-efficacy are shown to be encouraged by obstacles to make a greater effort. Self-efficacy also affects how people respond to failure. A person with a high self-efficacy will attribute the failure to external factors, where a person with low self-efficacy will attribute failure to low ability. For example; a person with high self-efficacy in regards to mathematics may attribute a poor result to a harder than usual test, feeling sick, lack of effort or insufficient preparation. A person with a low self-efficacy will attribute the result to poor ability in mathematics.

Health behaviours such as non-smoking, physical exercise, dieting, condom use, dental hygiene, seat belt use, or breast self-examination are, among others, dependent on one’s level of perceived self-efficacy (Conner & Norman, 2005). Self-efficacy beliefs are cognitions that determine whether health behaviour change will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and failures. Self-efficacy influences the effort one puts forth to change risk behaviour and the persistence to continue striving despite barriers and setbacks that may undermine motivation. Self-efficacy is directly related to health behaviour, but it also affects health behaviours indirectly through its impact on goals. Self-efficacy influences the challenges that people take on as well as how high they
set their goals (e.g., "I intend to reduce my smoking," or "I intend to quit smoking altogether"). A number of studies on the adoption of health practices have measured self-efficacy to assess its potential influences in initiating behaviour change (Luszczynska, & Schwarzer, 2005). Often single-item measures or very brief scales (e.g., 4 items) have been used. It is actually not necessary to use larger scales if a specific behaviour is to be predicted. More important is rigorous theory-based item wording. A rule of thumb is to use the following semantic structure: "I am certain that I can do xx, even if yy (barrier)" (Schwarzer, 2008). If the target behavior is less specific, one can either go for more items that jointly cover the area of interest, or develop a few specific subscales. Whereas general self-efficacy measures refer to the ability to deal with a variety of stressful situations, measures of self-efficacy for health behaviors refer to beliefs about the ability to perform certain health behaviours. These behaviours may be defined broadly (i.e., healthy food consumption) or in a narrow way (i.e., consumption of high-fibre food).

**The Destiny Idea**

Bandura successfully showed that people of differing self-efficacy perceive the world in fundamentally different ways. People with a high self-efficacy are generally of the opinion that they are in control of their own lives; that their own actions and decisions shape their lives. On the other hand, people with low self-efficacy may see their lives as somewhat out of their hands.

**Factors affecting self-efficacy**

Bandura points to four sources affecting self-efficacy;

1. **Experience**

"Mastery experience" is the most important factor deciding a person's self-efficacy.

Simply put, success raises self-efficacy, failure lowers it.
"Children cannot be fooled by empty praise and condescending encouragement. They may have to accept artificial bolstering of their self-esteem in lieu of something better, but what I call their accruing ego identity gains real strength only from wholehearted and consistent recognition of real accomplishment, that is, achievement that has meaning in their culture.

Abraham Maslow

Humanistic theories of self actualization

Many psychologists have made impacts on society's understanding of the world. Abraham Maslow was one of these; he brought a new face to the study of human behavior. He was inspired by great minds, and his own gift of thought created a unique concept of Humanistic Psychology. His family life and his experiences influenced the ideas that created a whole new form of psychology. After World War II, Maslow began to question the way psychologists had come to their conclusions, and though he didn’t completely disagree, he had his own ideas on how to understand the Human mind. (The Developing Person through the Life Span, (1983) pg. 42)

Humanistic Psychologists believe that every person has a strong desire to realize his or her full potential, to reach a level of Self-actualization. To prove that humans are not simply blindly reacting to situations, but trying to accomplish something greater, Maslow studied mentally healthy individuals instead of people with serious psychological issues. This enabled him to discover that people experience “peak experiences”, high points in life when the individual is in harmony with himself and his surroundings. Self-actualized people can have many peak experiences throughout a day while others have those experiences less frequently. (The Developing Person through the Life Span, (1983) pg. 43) A visual aid Maslow created to explain his theory, which he called the Hierarchy of Needs, is a pyramid
depicting the levels of human needs, psychological and physical. When a human being ascends the steps of the pyramid he reaches self actualization. At the bottom of the pyramid are the “Basic needs or Physiological needs” of a human being, food and water and sex. The next level is “Safety Needs: Security, Order, and Stability.” These two steps are important to the physical survival of the person. Once individuals have basic nutrition, shelter and safety, they attempt to accomplish more. The third level of need is “Love and Belonging,” which are psychological needs; when individuals have taken care of themselves physically, they are ready to share themselves with others. The fourth level is achieved when individuals feel comfortable with what they have accomplished. This is the “Esteem” level, the level of success and status (from self and others). The top of the pyramid, “Need for Self-actualization,” occurs when individuals reach a state of harmony and understanding. (The Developing Person through the Life Span, (1983) pg. 44) Maslow based his study on magazines (e.g. "hello" and "Look") and the writings of other psychologists, including Albert Einstein, as well as people he knew who clearly met the standard of self actualization. Maslow used Einstein's writings and accomplishments to exemplify the characteristics of the self actualized person. He realized that all the individuals he studied had similar personality traits. All were “reality centered,” able to differentiate what was fraudulent from what was genuine. They were also “problem centered,” meaning that they treated life’s difficulties as problems that demanded solutions. These individuals also were comfortable being alone and had healthy personal relationships. They had only a few close friends and family rather than a large number of shallow relationships. One historical figure Maslow found to be helpful in his journey to understanding self actualization was Lao Tzu, The Father of Taoism. A tenet of
Taoism is that people do not obtain personal meaning or pleasure by seeking material possessions.

Maslow introduced these ideas some weren't ready to understand them; others dismissed them as unscientific, a critique often leveled at Freud. Sometimes viewed as disagreeing with Freud and psychoanalytic theory, Maslow actually positioned his work as a vital complement to that of Freud. Maslow stated in his book, “It is as if Freud supplied us the sick half of psychology and we must now fill it out with the healthy half.” (Toward a psychology of being, 1968) There are two faces of human nature—the sick and the healthy—so there should be two faces of psychology. Consequently, Maslow argued, the way in which essential needs are fulfilled is just as important as the needs themselves. Together, these define the human experience. To the extent a person finds cooperative social fulfillment, he establishes meaningful relationships with other people and the larger world. In other words, he establishes meaningful connections to an external reality—an essential component of self-actualization. In contrast, to the extent that vital needs find selfish and competitive fulfillment, a person acquires hostile emotions and limited external relationships—his awareness remains internal and limited.

Benedict and Wertheimer were Maslow's models of self-actualization. From them he generalized that, among other characteristics, self-actualizing people tend to focus on problems outside themselves; have a clear sense of what is true and what is false; are spontaneous and creative; and are not bound too strictly by social conventions. Beyond the routine of needs fulfillment, Maslow envisioned moments of extraordinary experience, known as Peak experiences, which are profound moments of love, understanding, happiness, or rapture, during which a person feels more whole, alive, self-sufficient and yet a part of the world, more aware of truth, justice,
harmony, goodness, and so on. Self-actualizing people have many such peak experiences. Maslow's thinking was surprisingly original—most psychologists before him had been concerned with the abnormal and the ill. He wanted to know what constituted positive mental health. Humanistic psychology gave rise to several different therapies, all guided by the idea that people possess the inner resources for growth and healing and that the point of therapy is to help remove obstacles to individuals' achieving them. The most famous of these was client-centered therapy developed by Carl Rogers. Classical Adlerian Psychotherapy, based on the teachings of Alfred Adler, also encourages the optimal psychological development of the individual.

**Maslow's hierarchy of needs**

![Maslow's hierarchy of needs](image)

An interpretation of Maslow's hierarchy of needs, represented as a pyramid with the more basic needs at the bottom.

**Representations**
Maslow's hierarchy of needs is often portrayed in the shape of a pyramid, with the largest and lowest levels of needs at the bottom, and the need for self-actualization at the top, also the needs for people.

**Deficiency needs**

The lower four layers of the pyramid contain what Maslow called "deficiency needs" or "d-needs": physiological (including sexuality), security of position, friendship and love, and esteem. With the exception of the lowest (physiological) needs, if these "deficiency needs" are not met, the body gives no physical indication but the individual feels anxious and tense.

**Physiological needs**

For the most part, physiological needs are obvious—they are the literal requirements for human survival. If these requirements are not met (with the exception of clothing, shelter, and sexual activity), the human body simply cannot continue to function.

Physiological needs include:

- Breathing
- Food
- Homeostasis

Air, water, and food are metabolic requirements for survival in all animals, including humans. Clothing and shelter provide necessary protection from the elements. The intensity of the human sexual instinct is shaped more by sexual competition than maintaining a birth rate adequate to survival of the species.

**Safety needs**

With their physical needs relatively satisfied, the individual's safety needs take precedence and dominate behavior. These needs have to do with people's yearning for a predictable, orderly world in which injustice and inconsistency are under control,
the familiar frequent and the unfamiliar rare. In the world of work, these safety needs manifest themselves in such things as a preference for job security, grievance procedures for protecting the individual from unilateral authority, savings accounts, insurance policies, reasonable disability accommodations, and the like.

For most of human history many individuals have found their safety needs unmet, but as of 2009 "First World" societies provide most with their satisfaction, although the poor must often still address these needs.

Safety and Security needs include:

- Personal security
- Financial security
- Health and well-being
- Safety net against accidents/illness and their adverse impacts

**Love and Belonging**

After physiological and safety needs are fulfilled, the third layer of human needs are social and involve feelings of belongingness. This aspect of Maslow's hierarchy involves emotionally based relationships in general, such as:

- Friendship
- Intimacy
- Family

Humans need to feel a sense of belonging and acceptance, whether it comes from a large social group, such as clubs, office culture, religious groups, professional organizations, sports teams, gangs ("Safety in numbers"), or small social connections (family members, intimate partners, mentors, close colleagues, confidants). They need to love and be loved (sexually and non-sexually) by others. In the absence of these elements, many people become susceptible to loneliness, social anxiety, and clinical
depression. This need for belonging can often overcome the physiological and security needs, depending on the strength of the peer pressure; an anorexic, for example, may ignore the need to eat and the security of health for a feeling of control and belonging.

**Esteem**

All humans have a need to be respected and to have self-esteem and self-respect. Also known as the belonging need, esteem presents the normal human desire to be accepted and valued by others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel accepted and self-valued, be it in a profession or hobby. Imbalances at this level can result in low self-esteem or an inferiority complex. People with low self-esteem need respect from others. They may seek fame or glory, which again depends on others. Note, however, that many people with low self-esteem will not be able to improve their view of themselves simply by receiving fame, respect, and glory externally, but must first accept themselves internally. Psychological imbalances such as depression can also prevent one from obtaining self-esteem on both levels.

Most people have a need for a stable self-respect and self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, recognition, fame, prestige, and attention. The higher one is the need for self-respect, the need for strength, competence, mastery, self-confidence, independence and freedom. The latter one ranks higher because it rests more on inner competence won through experience. Deprivation of these needs can lead to an inferiority complex, weakness and helplessness. Maslow stresses the dangers associated with self-esteem based on fame and outer recognition instead of inner competence.
Self-actualization is a term that has been used in various psychology theories, often in slightly different ways (e.g., Goldstein, Maslow, Rogers). The term was originally introduced by the organism theorist Kurt Goldstein for the motive to realize all of one's potentialities. In his view, it is the master motive—indeed, the only real motive a person has, all others being merely manifestations of it. However, the concept was brought to prominence in Abraham Maslow's hierarchy of needs theory as the final level of psychological development that can be achieved when all basic and mental needs are fulfilled and the "actualization" of the full personal potential takes place.

Self-actualization in Goldstein's Theory

According to Kurt Goldstein's book The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man, self-actualization is "the tendency to actualize, as little as possible, [the organism's] individual capacities" in the world. The tendency to self-actualization is "the only drive by which the life of an organism is determined." Goldstein defined self-actualization as a driving life force that will ultimately lead to maximizing one's abilities and determine the path of one's life; compare will to power.

Self-actualization and Maslow's Hierarchy

The term was later used by Abraham Maslow in his article, A Theory of Human Motivation. Maslow explicitly defines self-actualization to be "the desire for self-fulfillment, namely the tendency for him [the individual] to become actualized in what he is potentially. This tendency might be phrased as the desire to become more and more what one is, to become everything that one is capable of becoming." Maslow used the term self-actualization to describe a desire, not a driving force, that could lead to realizing one's capabilities. Maslow did not feel that self-actualization
determined one's life; rather, he felt that it gave the individual a desire, or motivation to achieve budding ambitions. Maslow's usage of the term is now popular in modern psychology when discussing personality from the humanistic approach.

A basic definition from a typical college text book defines self-actualization according to Maslow simply as "the full realization of one's potential" without any mention of Goldstein. A more explicit definition of self-actualization according to Maslow is "intrinsic growth of what is already in the organism, or more accurately of what is the organism itself...self-actualization is growth-motivated rather than deficiency-motivated." This explanation emphasizes the fact that self-actualization cannot normally be reached until other lower order necessities of Maslow's hierarchy of needs are satisfied. While Goldstein defined self-actualization as a driving force, Maslow uses the term to describe personal growth that takes place once lower order needs have been met.

Self-Actualised person according to Maslow "He possesses an unusual ability to detect the spurious, the fake, the dishonest in personality, and in general to judge the people correctly and efficiently"

Common traits amongst people who have reached self-actualization are.

- They embrace reality and facts rather than denying truth.
- They are spontaneous.
- They are interested in solving problems.
- They are accepting of themselves and others and lack prejudice.

For Goldstein, it was a motive and, for Maslow, a level of development; for both, however, roughly the same kinds of qualities were expressed: independence, autonomy, a tendency to form few but deep friendships, a "philosophical" sense of humor, a tendency to resist outside pressures and a general transcendence of the
environment rather than "coping" with it. Self-actualization has been discussed by Schott in connection with Transpersonal business studies.

**Self**

The human organism's "phenomenal field" includes all experiences available at a given moment, both conscious and unconscious (Rogers, 1959). As development occurs, a portion of this field becomes differentiated and this becomes the person's "self" (Hall & Lindzey, 1985; Rogers, 1959). The "self" is a central construct in this theory. It develops through interactions with others and involves awareness of being and functioning. The self-concept is "the organized set of characteristics that the individual perceives as peculiar to himself/herself" (Ryckman, 1993, p.106). It is based largely on the social evaluations he/she has experienced.

**Self-Actualizing Tendency**

A distinctly psychological form of the actualizing tendency related to this "self" is the "self-actualizing tendency". It involves the actualization of that portion of experience symbolized in the self (Rogers, 1959). It can be seen as a push to experience oneself in a way that is consistent with one's conscious view of what one is (Maddi, 1996). Connected to the development of the self-concept and self-actualization are secondary needs (assumed to likely be learned in childhood): the "need for positive regard from others" and "the need for positive self-regard", an internalized version of the previous. These lead to the favoring of behavior that is consistent with the person's self-concept (Maddi, 1996).

**Fully Functioning Person and the Self**

Theoretically, an individual may develop optimally and avoid the previously described outcomes if they experience only "unconditional positive regard" and no conditions of worth develop. The needs for positive regard from others and positive
self-regard would match organismic evaluation and there would be congruence between self and experience, with full psychological adjustment as a result (Rogers, 1959). This ideal human condition is embodied in the "fully functioning person" who is open to experience able to live existentially, is trusting in his/her own organism, expresses feelings freely, acts independently, is creative and lives a richer life; "the good life" (Rogers, 1961). It should be noted that; "The good life is a process not a state of being. It is a direction, not a destination (Rogers, 1961, p.186)". For the vast majority of persons who do not have an optimal childhood there is hope for change and development toward psychological maturity via therapy, in which the aim is to dissolve the conditions of worth, achieve a self congruent with experience and restore the organismic valuing process (Rogers, 1959).

Rogers' view (1959, 1961, 1977) personality change is certainly possible and is further a necessary part of growth. However, he notes that self-acceptance is a prerequisite (1961). Rogers originally failed to recognize the importance of "self". When he began his work he had the "settled notion that the "self" was a vague, ambiguous, scientifically meaningless term which had gone out of the psychologist's vocabulary with the departure of the introspectionists" (1959, p.200). However, through his work with clients he came to appreciate the importance of self. The "self" is described as: the organized, consistent, conceptual gestalt composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions. (Rogers, 1959, p.200) This gestalt is a fluid and changing process, available to awareness. By using the term "gestalt", Rogers points to the possibility of change describing it as "a configuration in which the alteration of one minor aspect could possibly alter the whole picture" (p.201). Rogers' conception of
self is rather broad. He does describe a variation of self: the "ideal self" which denotes the self-concept the individual would most like to possess (Rogers, 1959), but other explicit variations are not offered. Similarly, specific concepts related to identity and identity development are missing, although the self image is certainly revisable and undergoes change over the lifespan. Exactly when the differentiation of phenomenal field into self occurs is also not specified. Rogers concept of self-actualization is specifically related to the self and is thus different from Goldstein's use of the term (which matches the actualizing tendency) and also different from Maslow's which appears to incorporate both tendencies in one (Maddi, 1996). The actualizing tendency is fundamental to this theory. Rogers considers it "the most profound truth about man" (1965, p.21). He finds strong biological support for this tendency in many varied organisms. Rogers' conception of an active forward thrust is a huge departure from the beliefs of Freud and others who posit an aim for tension reduction, equilibrium, or homeostasis (Krebs & Blackman, 1988; Maddi, 1996). Rogers (1977) notes that sensory deprivation studies support this concept as the absence of external stimuli leads to a flood of internal stimuli, not equilibrium.

While the idea of an actualizing tendency makes sense, Rogers never specifies what some of the inherent capacities that maintain and enhance life might be. Perhaps it is because doing so might violate Rogers' "intuitive sense of human freedom" (Maddi, 1996, p.104). Maddi further suggests that the belief in inherent potentialities may lie in this theory's position as an offshoot of psychotherapy where it is useful for both client and therapist to have a belief in unlimited possibilities. However, applying this idea to all human beings in a theory of personality sets up the logical requirement of precision regarding what the potentialities might be (Maddi, 1996). The inherent potentialities of the actualizing tendency can suffer distorted expression when
maladjustment occurs, resulting in behavior destructive to oneself and others. The actualization and self-actualization tendencies can be at cross purposes with each other when alienation from the true self occurs, so there is organismic movement in one direction and conscious struggle in another. Rogers (1977) revised his previous thinking concerning this incongruence, stating that while he earlier saw the rift between self and experience as natural, while unfortunate, he now believes society, (particularly Western culture), culturally conditions, rewards and reinforces behaviors that are "perversions of the unitary actualizing tendency (p.248)." We do not come into the world estranged from ourselves, socialization is behind this alienation. Rogers (1961) finds the human infant to actually be a model of congruence. He/she is seen as completely genuine and integrated, unified in experience, awareness and communication. Distorted perceptions from conditions of worth cause our departure from this integration.

Stress

Stress is a feeling that's created when we react to particular events. It's the body's way of rising to a challenge and preparing to meet a tough situation with focus, strength, stamina, and heightened alertness. The events that provoke stress are called stressors, and they cover a whole range of situations everything from outright physical danger to making a class presentation or taking a semester's worth of your toughest subject. The human body responds to stressors by activating the nervous system and specific hormones. The hypothalamus signals the adrenal glands to produce more of the hormones adrenaline and cortisol and release them into the bloodstream. These hormones speed up heart rate, breathing rate, blood pressure, and metabolism. Blood vessels open wider to let more blood flow
to large muscle groups, putting our muscles on alert. Pupils dilate to improve vision. The liver releases some of its stored glucose to increase the body's energy. And sweat is produced to cool the body. All of these physical changes prepare a person to react quickly and effectively to handle the pressure of the moment.

Stress and anxiety are words included in the female vocabulary from a very young age. Being stressed out these days starts in third grade when you’re not invited to the cool girl’s birthday party or in sixth grade when you’re not wearing the right jeans or in eighth grade when you don’t make First Honors grades. In high school the pressure for perfectionism is increased ten-fold because now you’re supposed to balance your social life, extra-curricular activities, and your grades in addition to your family! Taking care of yourself starts to slip slowly through the cracks creating a vicious cycle of opportunity for stress and anxiety disorders in collegiate women.

Recent studies discussed in the New York Times concluded that college students today are exponentially more stressed than college students less than twenty-five years ago. Additionally, researchers found that female college students experience this heightened sense of anxiety more so than their male counterparts. 18% of males surveyed found themselves feeling frequently overwhelmed whereas 39% of female students expressed feeling frequently overwhelmed. UCLA professor Linda Sax extrapolates on these statistics by underscoring guys tendency “to find more time for leisure and activities that relieve stress, like exercise and sports, while women tend to take on more responsibilities, like volunteer work and helping out with their family, that don’t relieve stress.”
The Positive Effects of Pressure

Sometimes, however, the pressures and demands that may cause stress an be positive in their effect. One example of this is where sportsmen and women flood their bodies with fight-or-flight adrenaline to power an explosive performance. Another example is where deadlines are used to motivate people who seem bored or unmotivated. We will discuss this briefly here, but throughout the rest of this site we see stress as a problem that needs to be solved.

The Negative Effects of Pressure

In most work situations jobs, our stress responses causes our performance to suffer. A calm, rational, controlled and sensitive approach is usually called for in dealing with most difficult problems at work: Our social inter-relationships are just too complex not to be damaged by an aggressive approach, while a passive and withdrawn response to stress means that we can fail to assert our rights when we should. Before we look further at how to manage stress and our performance, it is important to look at the relationship between pressure and performance in a little more detail, first by looking at the idea of the “Inverted-U”, and second by looking at "Flow". This is the ideal state of concentration and focus that brings excellent performance.

- A stressor is the stimulus or challenge to which the body reacts: stress is the way you react, physically and emotionally, to that stimulus or challenge
- Stressors are the multitude of daily occurrences that call upon you to adapt. Stress is your response as you attempt to make the adjustment
- Stress is “the gap” between the demands you perceive are being made on you and your perceived resources to meet those demands
Lazarus and Folkman (1984) defined stress as: ‘a pattern of negative physiological states and psychological responses occurring in situations where people perceive threats to their well-being, which they may be unable to meet’. Two terms have been introduced in sport to explain stress: eustress and distress.

**Eustress** is a good form of stress that can give you a feeling of fulfillment. Some athletes actively seek out stressful situations as they like the challenge of pushing themselves to the limit. This can help them increase their skill levels and focus their attention on aspects of their chosen sport. The benefit is that increases in intrinsic motivation follow.

**Distress** is a bad form of stress and is normally what you mean when you discuss stress. It is an extreme form of anxiety, nervousness, apprehension or worry as a result of a perceived inability to meet demands.

![Good Stress and Bad Stress](image)

**Good Stress and Bad Stress**
The stress response (also called the fight or flight response) is critical during emergency situations, such as when a driver has to slam on the brakes to avoid an accident. It can also be activated in a milder form at a time when the pressure's on but there's no actual danger like stepping up to take the foul shot that could win the game, getting ready to go to a big dance, or sitting down for a final exam. A little of this stress can help keep you on your toes, ready to rise to a challenge. And the nervous system quickly returns to its normal state, standing by to respond again when needed. But stress doesn't always happen in response to things that are immediate or that are over quickly. Ongoing or long-term events, like coping with a divorce or moving to a new neighborhood or school, can cause stress, too. Long-term stressful situations can produce a lasting, low-level stress that's hard on people. The nervous system senses continued pressure and may remain slightly activated and continue to pump out extra stress hormones over an extended period. This can wear out the body's reserves, leave a person feeling depleted or overwhelmed, weaken the body's immune system, and cause other problems.
**Significance of Study:**

Why important of the present study because When children enter sports a stage is thus set for an ability test whose outcome is potentially very important. There are good reasons to try to succeed and to be a good athlete. Success brings feelings of mastery, competence, self-image, admiration and and approval from important adults such as parents and coaches. At the very first practice or tryout, children begin to see how they compare with their peers in this prized activity. In a very short time children can tell how proficient they are relative to their teammates and opponents. In addition to comparing themselves with others, children also have many opportunities to observe how others are judging them. The reactions of coaches, parents, teammates, opponents, and spectators to their play are visible on many occasions. Some of these evaluations are very direct, as when others offer praise or criticism. Other reactions, although unintentionally shown, are easily picked up by a child. According to Terry Orlick showed that nearly three out of every four non-participants who didn't go out for hockey teams said that they were afraid of being cut-an indication of how much children dread the message that they're not good enough. Even children who make the team continue to receive many messages about their performance. This feedback comes from people whose opinions carry a great deal of weight because they are so important to the child. Many parents are very concerned about their children's athletic development and often have a good deal to say about performance. It is the job of another significant adult, the coach, to evaluate performance. Youngsters receive much feedback from this" expert" about their strengths, weaknesses, areas needing improvement and progress. The coach also makes very obvious ability judgments in selecting players for particular positions, in choosing who starts and who substitutes, and in deciding the game conditions in which substitutions occur.